

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 510,174 FILING DATE 11/29/04
APPLICANT(S)

11/29/04

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2	1			
3	1			
4	2			
5	3			
6	3			
7	3			
8	3			
9	3			
10	3			
11	1			
12	3			
13	3			
14	3			
15	1			
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50				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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